



CLAIMS REMITTER AUTHORIZATION FORM

Account Number

Employer Name and Address

Division of Employment Security

P.O. Box 25903

Raleigh, N.C. 27611-6504

Federal Employer Identification Number: _____

Phone: (919) 707-1170

Fax: (919) 715-0780

des.tax.customerservice@nccommerce.com

Please link this employer account to the remitter listed below.

If you need a remitter number, leave the remitter number section blank.

Remitter Name: _____

Remitter Number: _____

Title: _____

Contact Name: _____

Telephone: (____) ____ - _____

Fax: (____) ____ - _____

Person Authorizing Linkage: _____

Name

Title

(____) ____ - _____

Telephone Number

Signature

Employer Call Center, PO Box 25903, Raleigh, NC 27611-